

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90241 005 ***150.00

DOCUMENT # P00000113729	
1. Entity Name AMERICAN INTERNATIONAL ASSOCIATION OF NUTRITIONAL EDUCATION, CORP.	



Principal Place of Business 3990 W. FLAGLER ST., STE. 203 & 204 MIAMI, FL 33134	Mailing Address 3990 W. FLAGLER ST., STE. 203 & 204 MIAMI, FL 33134
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20044196



2. Principal Place of Business 8035 SW 107 Ave Suite, Apt. #, etc. 107 City & State Miami, FL Zip 33173 Country US		3. Mailing Address 8035 SW 107 Ave Suite, Apt. #, etc. 107 City & State Miami, FL Zip 33173 Country US	
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04122005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1058657	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, BEHAR & ASSOCIATES, PA 13935 NW 1ST AVE. MIAMI, FL 33168	
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7. Name and Address of New Registered Agent Name Ray Perez : Assoc. PA Street Address (P.O. Box Number is Not Acceptable) 13935 NW 1st Ave City Miami FL Zip 33168	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Ray Perez</i> / P. 10/11/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 4/12/05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARGUELLO, SANDRA A 3990 W FLAGLER ST., #204 & 204 MIAMI, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report on supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and name and other like empowered. SIGNATURE: <i>Sandra A Arguello</i> / P. 10/11/05 Signature and typed or printed name of signing officer or director		DATE 4/12/05 Daytime Phone # 305-688-9694
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